



## BASIC HEALTH COMPLAINTS AND APPEALS

If you have a **complaint** or want an explanation of an action taken on your account, write to Basic Health at P.O. Box 42683, Olympia, WA 98504-2683, or call toll-free 1-800-660-9840. A representative will try to resolve your issue. If you call, be sure to make a note of when you called, the person you talked to, and what was said.

If you disagree with a Basic Health decision, such as a denial of eligibility, premium, premium adjustment or penalty, change of health plan, or loss of Basic Health membership, you may file a written **appeal** with Basic Health. Your written appeal must be received within 30 days of the date of the decision or you will lose your right to appeal. Your appeal should be addressed to:

Basic Health Appeals  
P.O. Box 42690  
Olympia, WA 98504-2690

In order for us to process your appeal, it is important that your letter include:

- Your name
- Address
- Basic Health subscriber I.D.
- A daytime phone number
- A summary of the decision you are appealing, and why you believe the decision was incorrect
- If you will need interpretive services
- If you will need assistance due to a disability

You should also include any evidence that will help explain or prove that the decision should be changed. You may ask to explain in person or by telephone why you believe the decision was incorrect and should be changed. We will send you written notice of our decision within 60 days of receipt of your appeal and provide instructions on how to request an administrative review if you disagree with the appeal decision.

Washington State Health Care Authority  
P.O. Box 42683 • Olympia, WA 98504-2683  
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 • [www.basichhealth.hca.wa.gov](http://www.basichhealth.hca.wa.gov)